

Revised. 1-5-15

BARBARA K. CEGAVSKE Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

Fax: (775) 684-5718 Website: www.nvsos.gov

## State of Nevada **Committee for Political Action** (PAC)

Registration Form

## RECEIVED

JAN 19 2016

**SECRETARY OF STATE** ELECTIONS DIVISION

		= 2283 × 100
		ABOVE SPACE IS FOR OFFICE USE ONLY
New Registration	PAC (Advocating Passage or Defeat o	f a Ballot Question)
Annual (Due on or before	January 15th of each year; NRS 294A.230(3)	(b))
Amended Registration: check all that apply	Change Officers Change Regi	stered Agent Change Address
	Previous Name of PAC	
	Other:	
Name of Committee:		Telephone:
Progressive Kick IE		510-893-9200
Mailing Address:	unique to a militar a no mass 10	" "St & set I set tetal
1904 Franklin Street, Suite 725 Street Name, Number	Oakland	CA 94612
	City	State Zip Code
REGISTERED AGENT: pursuadent, as provided in NRS 14	uant to NRS 294A.240, each PAC must appoir 020, who must be a natural person who reside	nt and keep in the State a registered
Name of Registered Agent:	Wile the a material person who reside	Telephone:
Sherri Grotheer		702-591-1858
Physical Address:		102 271 1030
517 South 9th Street	Las Vegas	NV 89101
Street Name, Number	City	State Zip Code
REGISTERED AGENT ACCE Committee for Political Action.	PTANCE: I hereby accept appointment as Re	gistered Agent for the above-named
x Slarrie D.	1/1/12/12 Date: 01/12/2	2015
Signature of Registered Agent		



EL400 Revised 11-5-15 BARBARA K. CEGAVSKE Secretary of State Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705

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## State of Nevada Committee for Political Action (PAC)

Registration Form

OFFICERS: List the name, title, addre necessary).	ess and telephone number of each offic	er (attach additional pages if
Officer Name and Title:		Telephone:
Joshua Grossman, President Mailing Address:		510-893-9200
1904 Franklin Street, Suite 725 Street Name, Number	Oakland City	CA 94612 State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:	·	Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:	- 7	Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
AFFILIATIONS: If the PAC is affiliated of each organization (please attach ad Name of Organization:  None.	d with any other organizations, list the n ditional pages if necessary).	name, address and telephone number
Mailing Address:		
Street Name, Number	City	State 7in Code
Name of Organization:	Oity	State Zip Code <b>Telephone</b> :
Mailing Address:		
Street Name, Number	City	State Zip Code
Name of Organization:	•	Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
SUBMITTED BY:	716	1/11/2
X///	Printed Name: John Chrsm Joshua Grossman	Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature of Representative of Group	Joshua Grossman	510-893-9200